ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate le | evel produced by rate revision effective | 08/01/2009 New, 08/15/2009 Ren. |
|---|---|---|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Comparcial Burglary and Theft Glass | 2,772,561 | less than +1.0% |
| 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other | | |
| Does filing only apply to certain territory commercial Umbrella rating program. | (territories) or certain classes? If so, speci | fy: <u>Liquor Liability, which is a part of our</u> |
| Brief description of filing, (If filing follows | rates of an advisory organization, specify n of our Commercial Umbrella rating progr | organization): We are seeking approval |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | hich will result from application of new rat | CO Insurance Company Name of Company |
| | Pamela Ca | aldwell, State Filing Specialist Official – Title |

FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 06/01/2009 | |

| | | - | |
|----|-------------------------------------|--|---|
| | (1) | (2) | (3) |
| - | , | Annual Premium | Percent |
| _ | Coverage - | Volume (Illinois) * | Change (+or-) ** |
| | Automobile Liability Private | A STATE OF THE STA | |
| | Passenger | | |
| | Commercial | | |
| | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| | Liability Other Than Auto | 2402057 | 2.9% |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| • | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| 0. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other | | |
| | Life of Insurance | | |
| • | Does filing only apply to certa | in territory (territories) or | certain |
| | Classes? If so. | in termory (termones) or | Certain |
| | specify: No. | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | Brief description of filing. (If fi | ling follows rates of an a | dvisory |
| | Organization, specify | J | • |
| | organization): | Filing additional limits for BG | L-11 and adjusting increased limits factors |
| | | | |
| | | | |
| | *Adjusted to reflect all prior ra | | |
| | **Change in Company's prem | ium level which will resu | It from application of new |
| | rates. | | |
| | | | al Insurance Company |
| | | | me of Company |
| | | Larry J. Jackson - C | |
| | | (| Official – Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

The Charter Oak Fire Insurance Company
Change in Company's premium or rate level produced by rate revision effective November 1, 2009

| | (1) | (2) Annual Premium | (3) Percent |
|--|--|--|--|
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| | omobile Liability Private Passenger Commercial | | |
| | omobile Physical Damage Private Passenger Commercial | | |
| 3. Liab | ility Other Than Auto | 4,961,335 | -17.0% |
| Burg Glas | glary and Theft | | |
| 6. Fide | | | |
| 7. Sure | ety | | |
| | er and Machinery | | . Additional and the second se |
| 9. Fire | anded Coverage | | |
| | ended Coverage nd Marine | | |
| | neowners | | |
| | nmercial Multi-Peril | | |
| 14. Crop | | | |
| 15. Othe | er Line of Insurance | | |
| | Line of Insurance | | |
| Does fili | ng only apply to certain territory | (territories) or certain classes? If so, specify | /: No |
| | 3 , , , , | | |
| Brief des | scription of filing (If filing follows | rates of an advisory organization, specify of | organization): ISO |
| Loss Co | st and Increased Limits Factors | Adoption per ISO reference filing numbers | GL-2008-BGL1 and GL-2008-IALL1 |
| | | | |
| *Adjuste **Chang | d to reflect all prior rate changes le in Company's premium level w | s. /hich will result from application of new rate | S. |
| | | The Charter Oak Fire | Insurance Company |
| | | THE SHARE OAK FILE | Name of Company |
| | | | |
| | | <u> </u> | ettcher, Regulatory Analyst |

| Change in Company's premiurevision effective 11/1/20 | n or rate level produced b | oy rate |
|--|--|---|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | Change (+ or -)** |
| 1. Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | 3,662,907 | +5.05% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Does filing only apply to certain If so, specify: | territory (territories)or | certain classes? |
| Brief description of filing. (If organization | n): - Adoption of current 2008-BGL1) - Adoption of current factors (GL-2008-IALI - Revision of Loss Co | t ISO loss costs (GL- t ISO increased limit L1) |
| * Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new | vel which will rates. Grinnell Mutual Reinsur | |
| | Name of Compa Eric Skouson - Ac | |
| | Official - Tit | |
| | | |

FORM (RF-3)

| Change in Company's premium or effective 10/01/2009 | rate level produce | d by rate revision |
|---|--------------------|--------------------|
| (1) | (2) | (3) |

| - | (1) | (2) Annual Premium | (3) Percent |
|-----|---|---------------------------------|----------------------------|
| _ | Coverage | Volume (Illinois) * | Change (+or-) ** |
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | \$7,310 | + 7.3% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |
| • | Dane (Proposition) | | |
| | Does filing only apply to certain | in territory (territories) or d | certain |
| | Classes? If so, | | |
| | specify: No | | |
| | Drief description of films (166) | La Sallania aska a skara ask | |
| | Brief description of filing. (If fill Organization, specify | ling follows rates of an ad | visory |
| | organization): | Adoption of ISO loss on | st filing GL-2008-BGL1 and |
| | ISO increased limit factor GL-2008- | | |
| | 130 Ilicreased Illilit factor GL-2008- | TALL 1. HAICO'S LOW WINTERNA | am as med. |
| | *Adjusted to reflect all prior ra | te changes | |
| | **Change in Company's premi | | from application of new |
| | rates. | idii icvoi willon wiii result | nom application of new |
| | | Harco National Insu | rance Company |
| | | | ne of Company |
| | | Kim Schmidt, Comp | • |
| | | | fficial – Title |

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision



APR 3 0 2009

IDFPR (MPC)
DIVISION OF INSURANCE
SPRINGFIELD

| - | (1) | (2) Annual Premium | (3) Percent |
|---|---------------------------------------|-------------------------------------|---------------------------------------|
| • | Coverage | - Volume (Illinois) * | _ Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | 0 | 0 |
| | Commercial | 0 | 0 |
| | Automobile Physical Damag | | |
| | Private Passenger | 0 | 0 |
| | Commercial | 0 | 0 |
| | Liability Other Than Auto | \$1,300,000 | 5% |
| | Burglary and Theft | 0 | 0 |
| | Glass | 0 | 0 |
| | Fidelity | 0 | 0 |
| | Surety | 0 | 0 |
| | Boiler and Machinery | 0 | 0 |
| | Fire | 0 | 0 |
| | Extended Coverage | 0 | 0 |
| | Inland Marine | 0 | 0 |
| | Homeowners | 0 | 0 |
| | Commercial Multi-Peril | 0 | 0 |
| | Crop Hail | 0 | 0 |
| | Other | 0 | 0 |
| | Life of Insurance | | |
| | Does filing only apply to cert | ain territory (territories) or | r certain |
| | Classes? If so, | air terntory (terntories) of | Certain |
| | specify: No | | |
| | specify. | | |
| | Brief description of filing. (If | filing follows rates of an a | advisorv |
| | Organization, specify | 9 | , |
| | organization): | Amends the Plantiff AOF | factors to 1.00 - 1.50 from 1.00 - 1. |
| | and the Defense AOP factors to .50 | - 1.00 from .75 - 1.00. It also add | s the Illinois Association of |
| | Defense Trial Counsel factor of .90 - | 1.00. | |
| | *Adjusted to reflect all prior r | oto oboones | |

Name of Company
Terry Bliss, CPCU, ARP Compliance Manager
Official – Title

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or r | ate level produced by rate revision |
|----------------------------------|-------------------------------------|
| effective 05/01/2009 | |

| | (1) | (2) Annual Premium | (3) Percent |
|---|--|---------------------------------------|---|
| _ | Coverage | Volume (Illinois) * | _ Change (+or-) ** |
| | Automobile Liability Private | | |
| | Passenger | | ···· |
| | Commercial | | |
| | Automobile Physical Damag | | _ |
| | Private Passenger | · · · · · · · · · · · · · · · · · · · | |
| | Commercial | | district the same as a second |
| | Liability Other Than Auto | 73,764 | +7.5% |
| | Burglary and Theft | | |
| | Glass | | A |
| | Fidelity | | |
| | Surety | **** | |
| | Boiler and Machinery | | |
| | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | | |
| | Other | | |
| | Life of Insurance | | |
| | Dana filima ambi amabi ta anatai | | |
| | Does filing only apply to certai Classes? If so, | n territory (territories) of | certain |
| | • | | |
| | specify: N/A | | |
| | Brief description of filing. (If fil | ling follows rates of an a | odvicon. |
| | Organization, specify | ing tollows rates of an a | duvisory |
| | organization): | Insurance Services O | ffice Inc. (ISO) reference filing |
| | GL-2008-BGL1. | modrance ocrytocs o | ince inc. (1887) reference iming |
| | GE-2000-BGE1. | | |
| | *Adjusted to reflect all prior rat | te changes. | |
| | **Change in Company's premi | | Ilt from application of new |
| | rates. | | |
| | | National American | Insurance Company |
| | | | me of Company |

R. Patrick Gilmore, Senior Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate le | evel produced by rate revision effective | 08/01/2009 New, 08/15/2009 Ren. |
|---|--|---|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| 1. Automobile Liability Private | | |
| Passenger Commercial 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | 814,921 | less than +1.0% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. OtherLine of Insurance | | |
| Line of madrance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, speci | fy: <u>Liquor Liability, which is a part of our</u> |
| Commercial Umbrella rating program. | | |
| Brief description of filing. (If filing follows of an update to the Liquor Liability portio | rates of an advisory organization, specify n of our Commercial Umbrella rating progr | organization): We are seeking approval |
| | | |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | s. which will result from application of new rat | es. |
| | Nationwide N | Mutual Fire Insurance Company |
| | | Name of Company |
| | Pamela Ca | aldwell, State Filing Specialist |
| | | Official Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

NIPPONKOA Insurance Company, Ltd. (U.S. Branch)

Change in Company's premium or rate level produced by rate revision effective November 1, 2009

| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling. (If filling follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filling numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
|--|--|--|--|
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | Passenger Commercial 2. Automobile Physical Damage | | |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | -17.0% |
| 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling. (If filling follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filling numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | 200,021 | 17.070 |
| 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other | | | |
| 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | 6. Fidelity | | |
| 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | MATERIAL CONTRACTOR OF THE CON |
| 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | Line of Insurance | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization): ISO Loss Cost and Increased Limits Factors Adoption per ISO reference filing numbers GL-2008-BGL1 and GL-2008-IAL *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | Does filing only apply to certain territory | (territories) or certain classes? If so, specify | r: <u>No</u> |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | Priof description of filing (If filing follows | rates of an advisory organization, specify o | ragnization): ISO |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | |
| **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | LUSS COSt and increased Limits ractors | Adoption per 130 reference ming humbers | OL-2006-DOLT and GL-2006-TALET |
| **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | | | The state of the s |
| **Change in Company's premium level which will result from application of new rates. NIPPONKOA Insurance Company, LTD. (U.S. Branch) Name of Company | *Adjusted to reflect all prior rate change | S. | |
| Name of Company | | | s. |
| Name of Company | | • • | |
| | | NIPPONKOA Insuranc | |
| Cuson Doottohay Dogulatani Angliist | | | Name of Company |
| | | Cusan Day | ottobor Dogulaton, Analyst |
| Susan Boettcher, Regulatory Analyst Official – Title | | Susan Boo | |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

The Phoenix Insurance Company

Change in Company's premium or rate level produced by rate revision effective November 1, 2009

| | (1) | (2) Annual Premium | (3) Percent |
|----------|--|--|---|
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| | Automobile Liability Private Passenger Commercial Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. 4. | Liability Other Than Auto Burglary and Theft | 1,817,561 | -17.0% |
| 5. | Glass | | |
| | Fidelity Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| | Commercial Multi-Peril | | |
| | Crop Hail | The second secon | MACHINET CO. C. |
| 15. | Other | | |
| | Line of Insurance | | |
| Do | es filing only apply to certain territory | (territories) or certain classes? If so, specify | : No |
| | | | |
| | | rates of an advisory organization, specify or | |
| Los | ss Cost and Increased Limits Factors | Adoption per ISO reference filing numbers (| JL-2008-BGL1 and GL-2008-IALL1 |
| | djusted to reflect all prior rate changes Change in Company's premium level w | s. hich will result from application of new rates | 3. |
| | | The Phoenix Insurance | |
| | | | Name of Company |
| | | Susan Boe | ttcher, Regulatory Analyst |
| | | | Official – Title |

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 05/01/2009 | |

| - | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private | | |
| | Passenger | | |
| | Commercial | | |
| 2 | Automobile Physical Damag | | |
| | Private Passenger | | • |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Package Liquor Liability / | \$1,465,141 | -1% |
| | Life of Insurance | | |
| • | Dogo filing only apply to corta | in tarritan, (tarritarias) ar | aartain |
| | Does filing only apply to certa Classes? If so, | in ternory (terniones) or | Certain |
| | specify: No | | |
| | specify. | | |
| | Brief description of filing. (If f | iling follows rates of an ac | tvison |
| | Organization, specify | ing follows rates of all ac | 1 V 13 O 1 y |
| | organization): | Independent Liquor Lia | bility rate filing. Rate reduction |
| | for class A (retail sales). Additiona | | |
| | | | |
| | *Adjusted to reflect all prior ra | ite changes. | |
| | **Change in Company's prem | ium level which will resul | t from application of new |

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

MAY 0 6 2009

SPRINGFIELD, ILLINOIS

Society Insurance

Name of Company George Fraser, Director of Product Management Official – Title

Serff# SCTY - 126139398

ILLINOIS DEPARTMENT OF INSURANCE

| Change in Company's premium or rate | level produced by rate revision effective | 5/1/2009 |
|--|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passanger Commercial | | |
| Passenger Commercial 2. Automobile Physical Damage | *************************************** | |
| Private Passenger Commercial | | |
| Liability Other Than Auto | \$5,827 | 16.9% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | **** |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | The state of the s |
| 15. Other Line of Insurance | | |
| | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify | /: |
| | | |
| Brief description of filing (If filing follows | s rates of an advisory organization, specify o | organization). |
| Adopting the currently approved ISO g | eneral liability advisory prospective loss co | sts: ISO filing numbers GL-2007-BGL1 |
| 1 OL 0000 BOL4 | erioral flat my davice, proposition | |
| | | |
| | | |
| *Adjusted to reflect all prior rate change | | |
| **Change in Company's premium level | which will result from application of new rate | S. |
| | State Natio | nal Insurance Company Inc. |
| | State Natio | Name of Company |
| | | |
| | Senior Vice F | resident and General Counsel |
| | | Official – Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

The Travelers Indemnity Company
Change in Company's premium or rate level produced by rate revision effective November 1, 2009

| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
|---|--|--|
| Automobile Liability Private Passenger Commercial Automobile Physical Damage | | |
| Private Passenger Commercia 3. Liability Other Than Auto 4. Burglary and Theft | 2,409,621 | -17.0% |
| 5. Glass6. Fidelity7. Surety | | |
| Boiler and Machinery Fire Extended Coverage | | |
| 11. Inland Marine12. Homeowners13. Commercial Multi-Peril | | |
| 14. Crop Hail 15. Other Line of Insurance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specif | y: <u>No</u> |
| | s rates of an advisory organization, specify on secondary secondary security of the secondary security of the secondary security of the secondary secondary security of the secondary seco | |
| *Adjusted to reflect all prior rate change **Change in Company's premium level | es. which will result from application of new rate | es. |
| | The Travelers Indemr | nity Company Name of Company |
| | Susan Bo | ettcher, Regulatory Analyst Official – Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

The Travelers Indemnity Company of America
Change in Company's premium or rate level produced by rate revision effective November 1, 2009

| (1) Coverage | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent Change (+ or -)** |
|---|---|--|
| Coverage | <u>voidifie (filifiols)</u> | Ondrige (· Or -) |
| Automobile Liability Private Passenger Commercial | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | 2,451,147 | -17.0% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | · · |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | - Tanada and the same and the s |
| 15. Other Line of Insurance | | |
| Line of insurance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify | v: No |
| | (| ,,, |
| | s rates of an advisory organization, specify of Adoption per ISO reference filing numbers | |
| *Adjusted to reflect all prior rate change **Change in Company's premium level | es. which will result from application of new rate | es. |
| | The Travelers Indome | ity Company of America |
| | The Travelers Indemin | ity Company of America Name of Company |
| | Susan Ro | ettcher, Regulatory Analyst |
| | - Casair bo | Official – Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

The Travelers Indemnity Company of Connecticut
Change in Company's premium or rate level produced by rate revision effective November 1, 2009

| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
|---|--|--|
| Automobile Liability Private | | |
| Passenger Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger Commercial | | |
| 3. Liability Other Than Auto | 3,807,949 | -17.0% |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |
| Does filing only apply to certain territory | (territories) or certain classes? If so, specify | · No |
| boos ming only apply to certain territory | (territories) or certain classes: if so, specify | . 110 |
| | | |
| Brief description of filing. (If filing follows | rates of an advisory organization, specify or | rganization): ISO |
| Loss Cost and Increased Limits Factors | Adoption per ISO reference filing numbers (| GL-2008-BGL1 and GL-2008-IALL1 |
| | | |
| | | |
| *Adjusted to reflect all prior rate changes | | |
| **Change in Company's premium level w | hich will result from application of new rates | 5. |
| | | |
| | | ty Company of Connecticut |
| | | Name of Company |
| | C D | ttobox Boxulotox Analyst |
| | Susan Boe | ettcher, Regulatory Analyst Official – Title |
| | | Cinoral Title |

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Travelers Property Casualty Company of America

Change in Company's premium or rate level produced by rate revision effective November 1, 2009

| (1) <u>Coverag</u> | <u>e</u> | (2) Annual Premium <u>Volume (Illinois)</u> * | (3) Percent <u>Change (+ or -)**</u> |
|---|----------------------------|---|--|
| Automobile Liability | Private | | |
| Passenger Com | | | |
| 2. Automobile Physica | | | |
| Private Passeng | | | |
| 3. Liability Other Than | Auto | 20,545,223 | -17.0% |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| Boiler and Machiner Fire | у | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | *************************************** |
| 13. Commercial Multi-P | | | |
| 14. Crop Hail | | | |
| 15. Other | | | |
| Line of In | surance | | |
| Dana filina ambu amabu ta | aartain tarritan (tarrit | enrica) or cortain alabaga? If ac. anac | ifu. No |
| Does liling only apply to | certain territory (territ | ories) or certain classes? If so, spec | ny. <u>NO</u> |
| With the second | | | |
| Brief description of filing | . (If filing follows rates | s of an advisory organization, specify | organization): ISO |
| | | | s GL-2008-BGL1 and GL-2008-IALL1 |
| | | | |
| | | | |
| *Adjusted to reflect all p | | | |
| **Change in Company's | premium level which | will result from application of new ra | tes. |
| | | | |
| | | Travelers Property C | Casualty Company of America |
| | | | Name of Company |
| | | Susan B | oettcher, Regulatory Analyst |
| | | Ousan B | Official – Title |

- N. M. - 18 18

SUMMARY SHEET

6/1/09

| | (1) | te level produced by rate revision effective (2) Annual Premium | Upon Ap proval (3) Percent |
|-----|--|---|---------------------------------------|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | \$810,518 (EPL) | -2.1% |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | • |
| 8. | Boiler and Machinery | | 150 A S LOW LOW |
| 9. | Fire | DIVISION OF IN | OISUPEPR |
| 10. | Extended Coverage | STATE OF ILLIN | VED |
| 11. | Inland Marine | | |
| 12. | Homeowners | MAY 0 1 | 2009 |
| 13. | Commercial Multi-Peril | MATOI | |
| 14. | Crop Hail | | |
| 15. | Other | SPRINGFIELD | LILINOIS |
| | Line of Insurance | SPANGILL | |
| | iling only apply to certain territory (to filing applies to the Employment Practical Control of the Em | erritories) or certain classes? If so, specify: ctices Liability product. | |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to revise the following items: Intro Base Rates and Retention Factors for 201 - 500 Total Employees;

Clarify calculation of part time, temporary and seasonal employees; add ILF wording re: interpolation for limits not shown; change Chicago territorial modifier to be same as ROS; clarify that \$2500 deductible is not available for Table 2 risks; revision of Schedule Modification factors; Experience Modification clarification (based on past 5 years of experience); and introduction of prior acts coverage factors for 1 Year and 2 Year retroactive dates.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

United States Liability Ins. Co.

Name of Company

Mark Miller, State Filings Manager
Official - Title

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 11/01/2009 | |

| (1) | (2) Annual Premium | (3) Percent |
|--|--|--|
| Coverage - | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private Passenger | | |
| Automobile Physical Damag Private Passenger | | • |
| Commercial | | |
| Liability Other Than Auto Burglary and Theft | 5,687,025 | +4% |
| <u> </u> | | |
| | | |
| • | | |
| | | |
| Fire | | |
| Extended Coverage | · · · · · · · · · · · · · · · · · · · | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | | |
| Other | | |
| Life of Insurance | | |
| Does filing only apply to certa Classes? If so, | in territory (territories) or | certain |
| specify: The filing | does not apply to certain territ | ories or classes. |
| Brief description of filing. (If fi Organization, specify organization): | | advisory ed because of updates that were made t |
| | Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Life of Insurance Does filing only apply to certa Classes? If so, specify: Brief description of filing. (If filed) Organization, specify | Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Life of Insurance Does filling only apply to certain territory (territories) or Classes? If so, specify: The filling does not apply to certain territory (or an accordance) Brief description of filling. (If filling follows rates of an accordance) |

West Bend Mutual Insurance Company Name of Company Jessica Rudnik - Product Development Technician Official - Title

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium or ra | ate level produced by rate revision |
|-----------------------------------|-------------------------------------|
| effective 11/01/2009 | |

| | (1) | (2) Annual Premium | (3) Percent |
|--------|---------------------------------------|--|---|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | mobile Liability Private enger | | |
| | mercial | | |
| Priva | mobile Physical Damag te Passenger | | |
| | mercial | | |
| | ity Other Than Auto | 4,641,383 | +1% |
| | ary and Theft | | |
| Glass | 5 | | |
| Fideli | • | | |
| Suret | .y | | |
| Boile | r and Machinery | | |
| Fire | | | • |
| Exter | nded Coverage | | |
| | d Marine | | |
| Home | eowners | | |
| Comr | mercial Multi-Peril | | |
| Crop | Hail | | |
| Other | | And the state of t | |
| | Life of Insurance | | |
| Class | ses? If so, | ain territory (territories) or | certain |
| spec | ify: The filir | ng does not apply to certain territor | ories or classes. |
| Brief | description of filing (If | filing follows rates of an a | dvisory |
| | nization, specify | g ronomo ratos or arra | |
| | nization): | The package modification | n rates are being revised due to change |
| | | , | |
| | usted to reflect all prior ra | | |
| | | nium level which will resu | It from application of new |
| rates | | | |

West Bend Mutual Insurance Company

Name of Company Jessica Rudnik - Product Development Technician

Official - Title